

## **SPEECH AND LANGUAGE EVALUATION FORM**

### ***Important Information About Our Form***

**We are using this form to address our documentation requirements and to obtain standardized responses based on our program guidelines.**

- 1) All evaluations must be performed by the licensed/certified Speech-Language Pathologist (SLP).
- 2) The evaluation must be performed in the child's **primary language if it is English or Spanish**. (If the SLP is not Spanish speaking and is unable to conduct the evaluation in Spanish, please call the scheduling analyst to reschedule the examination.)

**If the child's primary language is not English or Spanish**, a professional interpreter must be used to assist with the evaluation and noted in designated area. If a professional interpreter does not appear for the exam, immediately contact the analyst. If the analyst is not immediately available, or our support staff cannot redirect you to someone who can assist you, then postpone the exam and leave a message for the analyst to contact you with further instructions.

- 3) If the SLP is not familiar with the evaluation of very young children, this must be communicated to us. Please call the scheduling analyst to reschedule the examination.
- 4) Test results must include interpretations with **standardized references** reported (i.e., Standard Scores). Please include **completed** test protocol scoring reports. Validity of testing must be noted. If unable to complete standardized testing (**despite attempts to do so**), please explain why standardized testing was not possible. Include a **detailed** description of all communication efforts, the informal assessment modes used, and your assessment in the space provided at the end of the form.
- 5) **All items must be fully completed and detailed. (However, if a question does not apply to the child because of the child's chronological age, please note as such).** If you would like to give additional information and the space provided on the form is not adequate, please attach the additional information on separate sheets. Please return the completed form in the self-addressed, postage-paid envelope provided (or, if a self-addressed, postage-paid label was provided, please use the enclosed label).

**THANK YOU!**

Claimant Name: \_\_\_\_\_

## **SPEECH AND LANGUAGE EVALUATION - INFANTS AND CHILDREN**

Claimant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

DDS Case # \_\_\_\_\_ DDS Contract # \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Chronological Age: \_\_\_\_\_

Primary language of the claimant: \_\_\_\_\_

Language spoken in the home: \_\_\_\_\_

Child also speaks in what other languages? \_\_\_\_\_ Fluently ☐ Partially ☐

Language in which testing was given: \_\_\_\_\_

Was a Professional Interpreter used in testing of child? **Yes** ☐ **No** ☐

If yes, Interpreter's Name: \_\_\_\_\_

### **BACKGROUND/HISTORY:**

Medical History: (Include historian, birth/postnatal problems, feeding problems, history of ear infections or hearing loss, PE tubes, hearing aids, family history of communication problems.)

Developmental History:

Participation in previous/current S/L therapy, site/provider, length of treatment and progress made:

### **CLINICAL OBSERVATIONS AND EXAMINATION:**

Does hearing appear intact to normal conversational voice? **Yes** ☐ **No** ☐

Has child had hearing exam within last 12 months? **Yes** ☐ **No** ☐

If yes, where and when? \_\_\_\_\_

If child has hearing aids, were aids used at time of evaluation? **Yes** ☐ **No** ☐

If not, why not? \_\_\_\_\_

If child has hearing aids, does child wear them regularly? **Yes** ☐ **No** ☐

If not, why not? \_\_\_\_\_

Please describe your clinical observations of child's communicative behavior, and interactions with both caretaker and examiner:

Claimant Name: \_\_\_\_\_

**Verbal/Nonverbal Abilities** - Indicate level(s) which most accurately describes **overall** communicative attempts. Evaluate with reference to appropriateness for age.

**No Speech** ☐ **OR:**

	Present and Frequent	Present But Infrequent	Not Applicable
Vocalizations - Cooing			
Babbling			
Jargon			
Gestures			
Single Words			
2-3 Word Phrases			
Simple Sentences			
Complex Sentences			

**SPEECH PRODUCTION:**

	Typical for Age	Not Typical for Age	Comments
Articulation/phonology			
Vocal pitch, quality and intensity			
Fluency			

**If child is under 3 years:**

Is child unusually quiet? **Yes** ☐ **No** ☐

Does child demonstrate limited sound production? **Yes** ☐ **No** ☐

Is child capable of producing consonant-vowel repertoire sufficient to support the development of expressive language appropriate for age?

**Yes** ☐ **No** ☐

Please explain any abnormalities:

**For ALL Children:**

**Oral Peripheral Examination:**

Structure - **Within Normal Limits** ☐ **Atypical** ☐ **Atypical** (Please explain abnormalities):

Function - **Within Normal Limits** ☐ **Atypical** ☐ (Please explain abnormalities):

Claimant Name: \_\_\_\_\_

**Spontaneous Speech Production:**

Please indicate the intelligibility of the child's spontaneous speech on the first attempt **with contextual clues:**

1/2 of time or less ☐ Between 1/2 and 2/3 of time ☐ Over 2/3 of time ☐

For children 5 years and over, note the same **without contextual clues**

1/2 of time or less ☐ Between 1/2 and 2/3 of time ☐ Over 2/3 of time ☐

Does intelligibility improve upon imitation and repetition? **Yes** ☐ **No** ☐

If yes, and child is age 5 or older, to what percent does it improve in conversational speech? \_\_\_\_\_%

**Speech Production Testing**

Please name tests used and include any specific results (i.e., standard scores if test provides). Further details of intelligibility may also be included here:

Describe substitutions, omissions, distortions:

Are substitutions, omissions, distortions typical/developmentally appropriate for age?

**Yes** ☐ **No** ☐ If atypical, please describe:

Are the phonological patterns/processes typical or developmentally appropriate for age?

**Yes** ☐ **No** ☐ If atypical, please describe:

**LANGUAGE:**

Please name tests and editions used and include any specific results. Provide Standard Scores for subtests, composite scores, and total language scores. (If graphs or normed tables of results are available, please include a copy.)

Mean Length of Utterance (MLU) in language sample/spontaneous conversation?

Is MLU within appropriate range for age? **Yes** ☐ **No** ☐

If inappropriate, for which age range would MLU be appropriate?

Comments on receptive and expressive language skills in comparison to same age peers:

Comments on spontaneous language sample in comparison to same age peers:

Claimant Name: \_\_\_\_\_

### **Pragmatic Skills**

#### **For child under 3 years old:**

Is the primary mode of communication **verbal** ☐ or **nonverbal** ☐?

What is total number of words in his/her vocabulary (regardless of clarity) based on your clinical observation? \_\_\_\_\_ Is this appropriate for age? **Yes** ☐ **No** ☐

Is the range of communicative intentions(i.e., labeling, requesting, socializing) expressed appropriately for age? **Yes** ☐ **No** ☐

Does child engage in verbal/nonverbal turn-taking appropriate for age? **Yes** ☐ **No** ☐

Does child maintain eye contact? **Yes** ☐ **No** ☐

If no to any of the above, please explain:

#### **For child 3 years and over:**

Does child establish and maintain conversation appropriate for age? **Yes** ☐ **No** ☐

Does child engage in verbal/nonverbal turn-taking appropriate for age? **Yes** ☐ **No** ☐

Is development of narrative skill appropriate for age? **Yes** ☐ **No** ☐

Is syntactic usage in spontaneous conversation appropriate for age? **Yes** ☐ **No** ☐

Is a full range of communicative intentions (i.e. requesting, responding, directing, commenting, labeling, stating, describing, informing) appropriate for age?

**Yes** ☐ **No** ☐

Does he/she identify and repair miscommunications appropriately for age?

**Yes** ☐ **No** ☐

If no to any of the above, please explain:

### **TESTING VALIDITY:**

Was testing valid? **Yes** ☐ **No** ☐ **Unable to test** ☐

**If results of standardized testing were invalid, or if you were unable to use standardized testing (despite attempts to do so), please include a detailed description of the informal assessment modes used and the subsequent results. Include an explanation of why testing was not possible or not valid.**

Claimant Name: \_\_\_\_\_

## TESTING VALIDITY (continued):

If testing could not be performed or was not valid, indicate your estimation of the child's language level:

- ☐ equivalent to up to 2 Standard Deviations below mean for chronological age
- ☐ equivalent to 2 but less than 3 Standard Deviations below mean for chronological age
- ☐ equivalent to 3 or more Standard Deviations below mean for chronological age

Based on the test results and your clinical observations, is it likely that the speech and/or language disorder (delay) will affect this child's learning and/or social development? **Yes** ☐ **No** ☐

Please explain and describe to what degree:

Does this child's language test profile reflect his/her everyday language skills (i.e., oral language skills, language-learning skills) or school language skills (i.e., literacy skills, metalinguistic skills) or a combination of these? **Yes** ☐ **No** ☐ If no, please explain:

Were there any notable inconsistencies between testing results and functional characteristics of communications? **Yes** ☐ **No** ☐ If yes, please describe: \_\_\_\_\_

Diagnoses:

Speech-Language Pathologist Signature: \_\_\_\_\_

Speech-Language Pathologist (print name): \_\_\_\_\_  
(Include degree, national certification, state license as applicable.)